

CHULA VISTA POLICE DEPARTMENT

MEDIA RELEASE AUTHORIZATION



To the Parents of: _____

During the course of the Teen Police Academy your son/daughter may be photographed while participating in various activities in the Academy.

Please review and sign this form to authorize your child's permission to participate as described below.

I authorize Chula Vista Police Department to photograph and or take video of my son or daughter to utilize for promotional purposes supporting the Teen Police Academy. At times Media outlets interested in informing the public about the Teen Police Academy may have interest and want to publish these photos.

I, the parent/guardian of the child named above have read the information printed above and authorize the release of photos/video concerning my child under the conditions outlined.

Printed name _____

Signature _____

Relationship to child _____

Date _____

Home Phone number _____ Cell _____

Work phone number _____

Address _____

Email _____

For questions or additional information, please contact Angela Gaines in the Community Relations Unit at 619 691-5187.

